

ORGANIZATIONAL SUPPORT PROGRAM REQUEST FOR PAYMENT FORM

Request Period:

			through			
Month	Day	Year		Month	Day	Year

Contract Information:

Fiscal Year		Amount of Arts and Culture Funding	
Contract #		Annual Operating Income	

Organizational Information:

Organization		
Mailing Address		
City, State, Zip		
Person completing this form	Name	
	Title	
	Telephone	
	Fax	
	Email	

Financial Table: Line numbers refer to the line numbers from the CA-CDP, Section 6.

Column A	Column B	Column C	Column D
CDP Line # and Expense Classification	How Arts and Culture Funds will be Used	Arts and Culture Payments Received to Date	Payment Request for this Period
Personnel (Wages and Benefits) ///			
1. All Salaried Personnel			
5. Non-salaried artists/performers			
Other (describe in Detail Table)			
Personnel Subtotal			
Non-Personnel ///			
3. Advertising and Marketing			
34. Production and Exhibition			
38. Rent			
Other (Describe in Detail Table)			
Operating Subtotal			
Total			

The Total of Column B must equal Arts and Culture funds. The Total of Column D must equal request for this period.

Expenses:

Total Expenses this Request Period	
Total Fiscal Year Expenses (submit with Final Request Only)	

Request for Payment Details

Please use the Detail Table on page 2 to provide details for each expenditure for which you are claiming a reimbursement. Use the CA-CDP Section Line Numbers provided below to classify each expenditure. These numbers are the same as the ones that appear next to each budget line classification on page 1 of this form as well as those used on the Exhibit A Form. If you need additional space to detail your expenses, you may attach additional pages. Retain a copy for your records.

Expense Classifications and CA-CDP Section 6 Line #

Personnel

1 All Salaried
5 Artists & Performers (non-salaried)
Other (Personnel)

Operating – Non-Personnel

3 Advertising & Marketing
34 Production & Exhibition Costs
38 Rent
Other (Operating)

Expenses Detail Table: You should enter information into this table ONLY IF you are requesting full or partial reimbursement for the listed expenditure. Attach additional pages if necessary.

Check #	Date	Vendor	Amount	CA-CDP Section 6 Line #

Match Detail Table: This table is to be completed by **organizations with Annual Operating Incomes less than \$100,000 only**. Use the table below to provide information about your match for THIS request period. Attach additional pages, if necessary.

Date	Source	Amount
Total		

Authorization

I hereby affirm that I am authorized to enter into legal contracts on behalf of the above organization and that all information provided in this request is true and accurate, and I hereby request the above payment amount.

Signature	Date
Print Name	Title
Approved	Date

Victoria L. Hamilton, Executive Director, City of San Diego Commission for Arts and Culture

Print, sign and mail this form to: Contracts Coordinator, Commission for Arts and Culture
1200 Third Avenue, Ste 924
San Diego, CA 92101-4106